

History and Physical Examination Report

CHIEF COMPLAINT:

fever, rash, malaise, sore throat

PRIMARY CARE MD:

HISTORY of PRESENT ILLNESS: Pt. had fever 6/19 & 20; felt fine 6/21 but again developed fever yesterday accompanied by sore throat, general achiness, lesions in mouth, pain w. urinating; itchy rash on back; vaginal s/c (white) & pain, sticky yellow bilat. eye s/c
2 wks. ago received mult. black fly bites w. swollen glands

SOCIAL HISTORY:

visiting from CT. w. husband & family
⊖ Tob.

PAST MEDICAL HISTORY/SURGERIES:

YEAR	ILLNESS/OPERATION/INJURY	YEAR	ILLNESS/OPERATION/INJURY
	<i>Hx. TAH - otherwise PMHx. benign</i>		

REVIEW OF SYSTEMS/FAMILY HISTORY:

	Patient	Family	COMMENTS		Patient	Family
1) RECENT WEIGHT				16) NEUROLOGICAL		
2) MIGRAINE HEADACHES				17) ARTHRITIS		
3) EPILEPSY/CONVULSIONS				18) OSTEOPOROSIS		
4) EYE DISEASE (Other than Glasses)				19) CANCER - TYPE:		
5) HEARING DISORDER				20) BLEEDING DISORDER		
6) RECURRENT - NOSE BLEEDS SINUS/THROAT INFECT(S)				21) BLOOD TRANSFUSIONS(S)		
7) ANGINA - CHEST PAIN				22) ANEMIA		
8) HIGH BLOOD PRESSURE				23) DIABETES		
9) HIGH CHOLESTEROL				24) ALCOHOLISM		
10) HEART VALVE DISORDER				25) MENTAL ILLNESS		
11) LUNG DISEASE				26) DEPRESSION		
12) STOMACH ULCER				27) NUTRITION		
13) BOWEL PROBLEMS				28) IMMUNIZATIONS		
14) LIVER HEPATITIS						
15) KIDNEY/BLADDER						

CIG ☒ No ☐ Yes PKG/DAY _____ #YRS _____
 ALCOHOL ☐ No ☐ Yes DRINKS/WK _____
 COFFEE/TEA ☐ No ☐ Yes CUPS/DAY _____

STREET/ILLEGAL DRUGS ☐ No ☐ Yes

TYPE: _____

LIVING WILL _____ DPAHC _____

MEDICATION	DOSE	TIMES/ DAY	MEDICATION	DOSE	TIMES/ DAY
<i>Estrogest</i>					

DRUG ALLERGIES/ALLERGIES:

SUBSTANCE	REACTION
<i>Ø</i>	

DRUG ALLERGIES/ALLERGIES:

SUBSTANCE	REACTION

**FOR
WOMEN
ONLY:**

DATE OF LAST
MENST. PERIOD: *years*

PREGNANCIES:
 BIRTH CONTROL: ☐ YES ☒ NO TYPE: _____

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PHYSICAL EXAM							
VITAL SIGNS:	HT	WT	BP SUPINE	BP SITTING	PULSE	RESP RATE	TEMP
							101.6

GENERAL APPEARANCE: *quite ill appearing, flushed, restless, periorbital edema
A&Ox3,*

EXAMINATION:

(Comment on Abnormal Findings)

	NORM	ABN	NO EXAM	
1) HEAD/SCALP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>injected bil. w. bil. yellow s/c → ex taken</i>
a) fundi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3) EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) NOSE/THROAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>throat erythematous, dry HH, hemorrhagic bullae of buccal & labial mucosa - throat ex taken</i>
5) NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>⊕ bil. ant. cerv. ly. ad. pathy</i>
a) THYROID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>tachycardic, RR 106R</i>
7) LUNGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) ABDOMEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) RECTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a) PROSTATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) PULSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) NEUROLOGICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) DTR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>achy</i>
13) GENITALIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>a few erythematous maculae 2 mm diam. on labia minora, HH benign, white s/c neg. for yeast, clue, trich; vagina painful on exam but no CMT or adnexal tenderness</i>
14) BREASTS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15) SKIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>widespread itchy maculopapular rash over trunk; papules 2-6 mm in diameter non confluent, sharply bordered, horizontal lie; no pustules; palms & soles spared</i>

TESTS: CBC w. diff - 7.200 WBC, no shift

CP - R 3.6, otherw. gr. nl

U/A - SG 1.025, otherw. nl

CXR - WNL

Vag. D/C - neg. yeast, clue, trich; scant diplococci; mod. gram pos. rods (Doederlein)

Bld. cx - pdg.

Throat & conjunctival cx pdg.

Mono test neg.

ASSESSMENT: ^{w. dehydration} Febrile illness of unknown etiology - poss. viral (Coxsackie, Adeno)
vs. primary viral w. secondary bacterial infection; poss. allergic reaction to
del. consult w. 18 fellow DHMC - suggests obs., bld. cx unknown substance
(nasal congestion, itchy
rash)

Pt. received 1 1/2 L. LR & 1000 mg ASAP in ER w. notable improvement
in subjective condition within short period of time; pt. able to converse, sit
up, became hungry; Benadryl working for itching

Admit to acute care - IVF, Abx empirically, fever & itch control

PLANS:

SIGNATURE

DATE